

## CONTRACTOR E-VERIFY AFFIDAVIT

I hereby certify that [insert contractor company name] does not employ,
contract with, or subcontract with an unauthorized alien, and is otherwise in full compliance with,
section 448.095, Florida Statutes.
All annularious bined an an office language 1, 2021 have had their words authorization status worlded
All employees hired on or after January 1, 2021 have had their work authorization status verified
through the E-Verify system.
A true and correct copy of [insert contractor company name] proof of registration
in the E-Verify system is attached to this Affidavit.
Glen S. Gonon
Print Name: GENN 5. GRIGHTH
Date: Z-10-Z1
CTATE OF ELODIDA
STATE OF FLORIDA
COUNTY OF BREVARD
The second secon
The foregoing instrument was acknowledged before me by means of physical presence or online
notarization, this 2/10/21 (date) by GLENN GRIGON (name of officer or agent, title of
officer or agent) of ATLANTIC Development (name of corporation acknowledging), a FLORIDE (state or place of incorporation) corporation, on behalf of the corporation. He/she is personally known
to me or has produced (type of identification) as identification.
(cype of identification) as identification.
Menni V
[Notary Seal] Notary Public DENNIS R JOHNSON
DENNIS R JOHNSON Notary Public - State of Florida Commission # GG 176905 My Comm. Expires Jan 18, 2022
Name typed, printed or stamped  Bonded through Nationa Notary Assn.
My Commission Expires: $\sqrt{18/\partial \omega_{\lambda}}$





## Approved by:

Employer				4 1		4	
Atlantic Development of Cocoa Inc.							
1 E E							
Name (Please Type	6.7			Title			
Glenn S Grignon							
Signature				7.	Date	3-	
Electronically Signed					04/16/2014		
Department of Homeland Security – Verification Division					-		
				1			
Name (Please Type	or Print)				Title		
USCIS Verification Divi	sion						
Signature					Date		
Electronically Signed	av 10	`*			04/16/2014		





Information	n Required for	the E-Ver	ify Progra	m		
Information relating to your Comp	oany:					
	Atlantic Developme	ent of Cocoa I	nc.	0.8	N. E. S.	
Company Name						
	2185 West King St Cocoa, FL 32926	reet	a 81		4, 4	
Company Facility Address						
	27					
Company Alternate Address	0.					
# To a d	1.111		2,, 3		E1	
County or Parish	BREVARD	N. P		, pr = 81		
Employer Identification Number	593357333				1,6	
North American Industry Classification Systems Code	237	10.0				
Parent Company	2. 5 a					
Number of Employees	10 to 19					
Number of Sites Verified for	1			4		





Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

**FLORIDA** 

1 site(s)





## Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name Virginia Levith
Phone Number (321) 639 - 8788
Fax Number (321) 632 - 3655

Email Address glevith@atlanticdevelopmentofcocoa.com

 Name
 James Moore

 Phone Number
 (321) 639 - 8788

 Fax Number
 (321) 639 - 0936

Email Address jmoore@atlanticdevelopmentofcocoa.com

 Name
 Glenn S Grignon

 Phone Number
 (321) 639 - 8788

 Fax Number
 (321) 639 - 0936

Email Address ggrignon@atlanticdevelopmentofcocoa.com





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